

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

178

STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

20534

STATE FILE NUMBER

Registration District No

93

Primary Registration District No. _____

5336

Register's No. _____

57-41

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center twp		c. CITY OR TOWN Greenfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt #2, Greenfield		Length of stay in 1b 2 months	
3. NAME OF DECEASED (Type or print) First Jacob Middle Stuart Last DeHart		4. DATE OF DEATH Month June Day 28 Year 1957	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
13. FATHER'S NAME Emmett DeHart		17. BIRTHPLACE (City and state or country) Jasper County, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-28-3743	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephritis (glomerular)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		14. MOTHER'S MAIDEN NAME Betty Jane Campbell	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 593x	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION Greenfield, Mo.	
21. I attended the deceased from 5-10-57 to 6-28-57 and last saw him alive on 6-25-57 Death occurred at 4:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. D. Cowan M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1957	
23c. NAME OF CEMETERY OR CREMATORY Vaughn Cemetery		23d. LOCATION (City, town, or county) (State) Dade County, Mo.	
24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. June 29, 1957	
26. REGISTRAR'S SIGNATURE J. C. Canada			

(Licensed Embalmer's Statement on Reverse Side)

(Licensed Embalmer's Statement on Reverse Side)

JUL 8

1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 419

P. O. Address Greenfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.